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ABSTRACT

This handbook was written to help faculty and staff of postsecondary programs better understand students with disabilities and make academic accommodations for them. The handbook suggests adjustments which can be made in the classroom environment or in teaching styles to accommodate specialized needs without affecting academic integrity. Section I outlines general considerations important in assisting students with disabilities to meet their educational goals. Section II discusses characteristics, educational implications, and accommodations for a variety of disabilities, including specific learning disability, hearing impairment, visual impairment, seizure disorder, motor impairment, and psychological disorders. Section III describes handicapped persons' rights under Public Law 93-112, the Rehabilitation Act of 1973, and Section IV lists suggestions for helping all students to succeed in the classroom. A list of readings is appended. (JDD)

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TO POST-SECONDARY EDUCATION

A FACULTY HANDBOOK

EC 221746

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ACCESS

TO

POST-SECONDARY EDUCATION

A FACULTY HANDBOOK

PROJECT ACCESS

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(Revised 1989)

"The weakest among us has a gift however seemingly trivial, which is peculiar to him and which worthily used will be a gift also to his race." John Ruskin

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FORWARD

The Great Falls Vocational-Technical Center was designed barrier-free and is one of the most physically accessible post-secondary schools in the state of Montana for students with disabilities. This accommodation enabled these students to physically integrate the Center's educational programs, but academic barriers still existed which jeopardized the successful completion of vocational training.

This handbook has been written to help faculty and staff better understand and make academic accommodations for disabilities. We believe it will be an excellent tool in emphasizing their role in making educational programs accessible to the student with a disability as well as improving the learning environment for the student body as a whole. As educators, it is our goal in preparing this handbook to assist all students, including those with disabilities, to achieve their educational objectives so that they may take their place as productive and successful members of society.

Patricia Kercher
Arlene Parisot
Great Falls Vocational-Technical Center

INTRODUCTION

In 1987, the Great Falls Vocational-Technical Center was awarded a U.S. Department of Education grant entitled Project Access. The goal of this project was to implement specially designed services to facilitate and encourage successful education for adults with disabilities. This project has placed strong emphasis on making the post-secondary system open and accessible in order to provide educational opportunity to all. It acknowledged that barrier-free facilities constitute only a part of the true meaning of accessibility.

This handbook suggests adjustments which can be made in the environment or in teaching styles to accommodate specialized needs without affecting academic integrity. The information in this handbook should help eliminate barriers to learning and serve as a general guide for maximizing educational opportunities.

SECTION I
General Consideration

SECTION I

General Considerations

In many ways students with disabilities are not unlike other students. They have the same needs: the need to be challenged, to be part of a group, to be accepted, and to succeed. These students wish to be treated as individuals and not to be singled out or stereotyped as disabled. The following general considerations are important in assisting students with disabilities to meet their educational goals:

* A disability is seldom "total," and usually affects a surprisingly narrow range of activity.
* Many persons find themselves feeling awkward, fearful, or self-conscious when interacting with persons with disabilities. Common sense, courtesy, caring, and experience will reduce these natural reactions.
* Students with disabilities are frequently "experts" regarding their condition and can often suggest solutions for problems that may hinder progress.
* Actions that call attention to deficiencies manifested by students with disabilities should be avoided.
* It is important to make a statement at the beginning of each term inviting students to discuss their special needs.

* Misconceptions and/or lack of knowledge concerning the disabled are common to many people. It is to be remembered that the term "disabled" is not necessarily synonymous with cognitive impairment.
* Students with disabilities often resist the process of identification and/or accommodation to avoid being "labeled."

SECTION II

Understanding and Accommodating the Needs of the Student with a Disability

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Understanding and Accommodating the Needs of the Student With A Disability

Instructors need to have a clear understanding of the educational implications of specific disabilities so that accommodations facilitating an effective learning environment can be provided. The characteristics, problems, and accommodations for a variety of disabilities which may be encountered within the classroom setting are as follows:

SPECIFIC LEARNING DISABILITY

"A Specific Learning Disability is a disorder in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through spoken/written language or nonverbal means. This disorder manifests itself with a deficit in one or more of the following areas: attention, reasoning, processing, memory, communication, reading, writing, spelling, calculation, coordination, social competence, and emotional maturity" (Rehabilitation Services Administration, 1985). Students with learning disabilities still have gifts and talents despite learning problems, and with support, motivation, and appropriate intervention they can often complete a college degree.

Educational Implications: The student with a Specific Learning Disability may exhibit problems in one or more of the following areas:

READING

* Slow reading rate and/or difficulty in modifying reading rate in accordance with difficulty of material.
* Poor comprehension and retention of written material.
* Difficulty in identifying important/relevant points or themes.
* Inability to distinguish between sounds, creating poor mastery of phonics, confusion of similar words, and difficulty integrating new vocabulary.
* Poor tracking skills resulting in skipped words, phrases or lines and losing place on the page.

WRITTEN LANGUAGE

* Difficulty with sentence structure resulting in incomplete sentences, poor use of grammar, and missing inflectional endings.
* Frequent spelling errors, transpositions of letters, omissions or substitutions of sounds especially in unfamiliar vocabulary.

* Inability to copy correctly from written information.
* Poor penmanship, poorly formed letters, incorrect use of capitalization, trouble with spacing, and overly-large handwriting.

ORAL LANGUAGE

* Inability to concentrate on and comprehend oral language.
* Difficulty in orally expressing ideas and/or in proper sequencing of events.
* Difficulty managing more than one task at a time or retaining a list of information.
* Inability to distinguish between sounds or combinations of sounds.

MATHEMATICS

* Incomplete mastery of basic facts resulting in poor math comprehension and computation.
* Number reversals, confusion of operational signals, and difficulty recalling the sequence of operational processes.
* Difficulty understanding and retaining abstract concepts.
* Poor comprehension of word problems and limited understanding of ratio, proportions or relative size.

* Reasoning deficits and inability to eliminate irrelevant data in applied problems.

ORGANIZATION

* Inability to manage time effectively.
* Difficulty staying on or completing tasks.
* Tendency to work slowly, rush through work carelessly, or impulsively start before listening to or reading instructions.
* Deficiency in listening to lectures and taking notes at the same time.
* Inability to identify key points in a lecture or chapter.
* Short attention span.

MECHANICAL

* Poor coordination, slow motor movements, and noticeable problems in using equipment/tools.
* Motor weakness in both upper and lower body with poor posture.

SOCIAL

* Low self-esteem; avoids eye contact and speaks softly.
* Inability to read and respond to verbal/ nonverbal cues and voice inflections.
* Tendency to stand too close when talking to others or communicates too loudly.

* Inappropriate comments or use of neologisms (making up words such as "flustrating").
* Impulsive actions.

ACCOMMODATIONS

Instructional Techniques:

* Encourage students, at the beginning of each term, to discuss modifications that will facilitate their learning.
* Provide a detailed course syllabus.
* Announce reading assignments well in advance for students who are using taped materials as it takes an average of six-weeks to have a book tape-recorded.
* Begin lectures and/or discussions with a written and oral overview of topics to be covered.
* Use board, overhead projector, or handout to highlight key concepts, unusual terminology or unfamiliar words.
* Make statements that emphasize important points, main ideas, and key concepts when lecturing.
* Provide all assignments in oral and written format and be available for further clarification.

* Provide study guide for text and encourage study groups, peer tutoring, and study labs.
* Prepare study questions for review sessions to aid in mastering material for exams.
* Accept oral presentations or tape recordings in place of written assignments.
* Allow use of special accommodations recommended by counselor such as notetakers, tape or video recording of lectures/demonstrations, readers for tests, untimed tests, and oral rather than written tests.
* Consider an alternative test environment which eliminates distractions.

HEARING IMPAIRMENT

Hearing impairment refers to a reduction in sensitivity to sound which may be accompanied by some loss of the ability to correctly interpret auditory stimuli, even when amplified. In the United States, more persons have a hearing impairment than any other chronic physical disability. The later in life hearing loss occurs, the less severe is its consequence. In general, persons born deaf tend to present the greatest challenge to education because, in addition to being unable to hear, they usually have very limited verbal communication skills. Nevertheless, educationally, persons who are deaf have succeeded at every level. Hearing impairments make achievement more difficult to obtain but not impossible.

Educational Implications: The student who has a hearing impairment may exhibit problems in one or more of the following areas:

GENERAL

* Impaired language development affecting comprehension of written materials, test questions, speaking, and writing.
* Misinterpretation of assignments.
* Difficulty in participating in group discussions or other small-group activities.

* Difficulty grasping abstract concepts.
* Inability to participate independently in a class without the assistance of an interpreter.
* Reduced comprehension for hearing aid users due to environmental noise.
* Dependence on visual cues.
* Inaccurate assessment of strengths and weaknesses based on standardized test scores.

SOCIAL

* Social isolation.
* Low self-esteem and/or confidence.
* Sense of vulnerability.

ACCOMMODATIONS

Communication Techniques:

* Confer with student to determine the rate and volume of voice communication which will facilitate comprehension.
* Convey your message through facial expressions, gestures, and other "body language."
* Avoid blocking the area around your mouth to facilitate lip reading.
* Avoid speaking with your back to the person who is hearing-impaired.
* Avoid pacing and speaking while writing on the board.

* Rephrase a thought rather than repeat the same words if the student does not understand.
* Check for comprehension by asking for explanation or illustrations.
* Consider learning basic sign language to enhance the ability to communicate with the deaf.

Environmental Techniques:

* Allow the student to sit in the front row or other optimum location.
* Avoid standing with your back to a window or other sources of light as the glare makes it difficult to read lips and other facial expressions.
* Maintain enough light during films to enable the student to see the interpreter.
* Provide better lighting for the student who is visually dependent and cannot add reliable auditory cues to the available visual information.
* Avoid placing a person who already has a substantial hearing loss in a noisy environment as it assaults their vibratory sense. These persons should use ear protection to prevent further hearing loss.

* Be aware that room acoustics and environmental noise need to be considered for a student using a hearing aid. Uncarpeted floors, bare plaster walls, ceiling, heating, and cooling fans create noise and echoes that lower the effectiveness of the hearing aid.
* Inform the student with a hearing impairment by touch or signal to evacuate the building in case of an emergency.

Instructional Techniques:

* Provide a detailed syllabus and lecture outline.
* Use good quality visual media to provide supplemental instruction of what is being taught.
* Supply a list of technical terminology and unfamiliar words or terms.
* Utilize overhead projectors as a substitute for boardwork in order to allow you to face the class while writing.
* Write a key word or phrase of the topic being discussed on the board or overhead, especially when the topic changes frequently.
* Post notice of class cancellations, assignments, etc., on board, overhead or in writing to ensure understanding.

Interpreter Tips:

* Direct questions and conversation to the student, not to the interpreter.
* Maintain enough light during films to enable student to see the interpreter.
* Provide the interpreter a list of technical terms and unfamiliar vocabulary to facilitate ease of interpretation.
* Notify interpreter of schedule changes or class cancellations in advance.
* Do not expect interpreters to assume other duties; they are in the classroom for the student's benefit.

Hearing Aid Tips:

* Hearing aids amplify sound in a noisy environment; a student should turn off the aid to prevent discomfort. Instructors need to indicate to the student when the aid should be reactivated.

VISUAL IMPAIRMENT

Visual impairment is the loss of visual function of such magnitude that special aids and use of other senses are necessary to achieve performance ordinarily directed by visual clues. Students who are "visually impaired" may be either partially or totally blind. Because a student is visually impaired, it should not be assumed that they cannot participate in educational activities. Orientation, mobility, and rehabilitation specialists usually employed by state Vocational Rehabilitation offices can often determine special aids and/or accommodations that facilitate integration into the classroom setting.

Educational Implications: The student who is visually impaired may exhibit problems in one or more of the following areas:

GENERAL

* Inability to utilize visuals such as films, graphs, demonstrations, and written materials.
* Difficulty in taking traditional paper and pencil tests.
* Need for a longer period of time to complete assignments.
* Difficulty in focusing on small-group discussion when there is more than one group functioning.
* Need for a variety of low-vision aids to integrate the classroom.

SOCIAL

* Low self-esteem.
* Feelings of social inadequacy and isolation.
* Reduced personal independence.
* Limited job opportunities and career choices.

ACCOMMODATIONS

Instructional Techniques:

* Tape record a detailed course outline and syllabus.
* Provide large print visuals when appropriate.
* Provide textbooks in advance so that taped copies can be made.
* Provide supplements to films such as sound tapes and oral summaries for preview and review.
* Permit visually impaired students to tape lectures for review and reinforcement. Place recorder in close proximity to eliminate background noise and assure quality.
* Accept a tape recording of written assignments.
* Allow tests to be taken orally.

Environmental Techniques:

* Allow partially sighted students to sit near the front of the room or other optimum locations.
* Be sensitive to possible environmental hazards to visually impaired students.
* Be aware of emergency routes and provide assistance to students when appropriate.

SEIZURE DISORDER

A meaningful simple definition for a seizure disorder is difficult because of its wide variability. A seizure may be defined as episodes of abnormal motor, sensory, autonomic, or psychic activity (or a combination of these) as a consequence of sudden excessive electrical discharge from cerebral neurons (Lippincott Manual of Practical Nursing, 4th Edition). Such seizures may consist of only a brief suspension of activity, **petit mal**; automatic motor activity or complex alterations of behavior, **psychomotor**; or a full-blown generalized motor seizure, **grand mal**. Other than the occasional seizure, persons with this disorder generally look and function like everyone else in society but may experience some memory dysfunction. The educational potential for persons who have seizure disorders is considered to be good and is not diminished if seizures are well controlled unless serious memory deficits exist.

Educational Implications: The student with a seizure disorder may exhibit problems in one or more of the following areas:

GENERAL

* Brief lapses of consciousness or "staring spells" causing disruptions in the learning process.
* Side effects from anticonvulsant medication resulting in slowed reactions, clumsiness and poor hand coordination, eye focusing difficulty, and flatness of affect.

* Increased absences if grand mal seizures are not medically well controlled.
* Memory deficits due to complex partial seizures or temporal lobe epilepsy.
* Clouded thinking caused by chronic seizure disorders and effects of medication.

SOCIAL

* Social isolation due to the general public's fear and misunderstanding of seizures.
* Avoidance of social situations because of fear of embarrassment should a seizure occur.

VOCATIONAL

* Negative employer attitudes and rejection in job seeking due to misunderstanding of the disorder and fear that company liability and insurance rates will increase.

ACCOMMODATIONS

General Techniques:

* Be aware of the type of seizure disorder the student has.
* Learn what to do when a Grand Mal seizure occurs.
* Allow for absences related to recovery from Grand Mal seizures.

* Recognize effects of medication on performance and allow extra time for exams and completion of class activities.
* Help the student assess how competitive they might be in their chosen career field.

SEIZURE AID

* Remain calm and reassure other students.
* Refrain from calling an ambulance. It is not usually necessary, and doing so can be extremely expensive for the student.
* Call an ambulance when another seizure follows the first (within a half hour or so) or when a seizure state persists for a prolonged period of time (one-half hour). These conditions require prompt medical attention.
* Ease the student to the floor.
* Remove objects which may injure the student.
* Do not attempt to stop the seizure nor interfere with the student's movements. Let the seizure run its course.
* Never try to place any object in the mouth. Turn the head or body to the side to prevent the tongue from slipping to the back of the throat interfering with breathing.

* Do not attempt to revive a student who may turn pale, have irregular breathing, or stop breathing. Seizure activity will diminish and they will breathe regularly on their own.
* Assure a student who has experienced a seizure that all is well and that you understand.
* Attempt to give the student privacy if bladder incontinence occurs after a grand mal seizure.
* Allow the student who has experienced a grand mal seizure to rest and check their condition frequently. They will usually be disoriented and extremely tired.
* Do not give food or drink until the seizure activity has passed.
* Check the student's enrollment card and notify the individual listed to call in emergencies. If possible, it may be best for the student to go home.

MOTOR IMPAIRMENT

Motor impairment is the partial or total loss of the function of a body part as a result of a spinal cord injury, amputation, or musculoskeletal back disorder. Such impairment may result in muscle weakness, diminished stamina, lack of muscle control, involuntary movements, total paralysis, and reduced levels of function in tasks that require general trunk mobility. These motor impairments range from the obvious visibility of the spinal cord injury and amputation to the more nebulous such as the chronic back disorder. Because of these variants, the educational expectations for these students will differ greatly in relation to the type of disability. Educational planning for the student includes investigation of interests, aptitudes, and physical limitations to determine the appropriate educational goal consistent with the disability.

Educational Implications: The student with a motor impairment may exhibit a problem in one or more of the following areas:

GENERAL

* Difficulty moving from one location to another.
* Impaired writing and/or speaking due to the physical handicap.
* Inability to sit, stand, or walk for prolonged periods of time.

* Difficulty participating in classes involving physical activity.
* Needs special assistance in laboratory situations.
* Difficulty in taking traditional paper and pencil tests.
* Requires additional time to move from class to class.

ACCOMMODATIONS

General Techniques:

* Do not assume that students with motor impairments cannot participate in an activity. Always consult with the student regarding limitations.
* Give assistance only if the student asks for it. Do not assume that assistance is required.
* Incorporate a means by which the student can participate in group activities. This may include adapting equipment, pairing the student with another student, or pairing the student with an assistant.
* Check emergency exits and routes and provide assistance as necessary.
* Utilize the expertise of a rehabilitation engineering program to adapt equipment, furnishings, tools, etc.

SPECIAL ACCOMMODATIONS

Wheelchair

* Check for accessibility in and out of the classroom.
* Arrange for classroom furniture such as wheelchair-height work stations, aisle widths, etc., to accommodate the student's needs.
* Do not hang onto or lean on a wheelchair. It is often considered to be part of the person's "body-space."
* Push the wheelchair only if asked or if you have offered and it has been accepted.

Hand-Function Limitations

* Allow a notetaker when possible.
* Accept tape recordings of written assignments/ exams.
* Give exams orally when necessary or allow extra time for students who are able to write but who have diminished speed.

* Utilize competencies learned rather than speed as a grading criteria.
* Allow a tape recorder for lectures and discussions.

Chronic Back Problems

* Allow students to alternate activities in sitting, standing, and walking.
* Be aware of emotional discomfort that often accompanies chronic pain.

PSYCHOLOGICAL DISORDERS

One in every ten persons in the United States is now suffering from some form of psychological disorder with varying degrees of severity. Because of the frequency of psychological problems in the general population, it can be assumed instructors may encounter students with these disabilities in the regular classroom. Psychological disturbances are grouped into a number of categories including psychoses, neuroses, mood, organic brain syndromes, substance abuse, and personality disorders.

* **Psychoses** usually involve the loss of a person's ability to distinguish what is actually taking place in his external environment from his own internal fantasies and impulses. Manifestations of psychoses are marked by disorganization of the personality and distortion of reality, absence of emotional responsiveness and expression, loss of impulse control, extreme and often total withdrawal from other people, and preoccupation with one's own thoughts and fantasies.

* **Neuroses** are less incapacitating than psychoses and the personality remains intact. The neurotic, while in touch with reality and the environment, has difficulty dealing with emotions; may have specific neurotic symptoms such as phobias and compulsions; often has poor impulse control; is preoccupied with anxiety; and is, therefore, not functioning at an optimum level.

* **Mood Disorders** are the most common of the neuroses with as many as one in five adults experiencing clinical depression. The incidence among women is twice as great as men and symptoms include sleep disturbance, change in appetite, loss of interest, feelings of guilt, poor energy and motivation, slowed activity, and possible suicidal thought.

* **Organic Brain Syndromes** result from demonstrable physiological or structural changes in the brain. They are caused by a wide variety of conditions, including stroke, arteriosclerosis, head injury, alcohol/drug abuse, metabolic changes, and brain tumors. Organic brain syndromes are manifested by impairment of orientation to time, place, and person; lethargy and moodiness; and impairment of memory, judgment, and all intellectual functions including comprehension, general knowledge, and ability to calculate and learn.

* **Substance Abuse Disorders** include a number of agents that affect the central nervous system such as alcohol, marijuana, cocaine, amphetamines, barbiturates, hallucinogenics, and opiates. Typically these agents are abused because of emotional distress in another aspect of the person's life.

* **Personality Disorders** are chronic, pervasive, and resistant to change. They include antisocial, histrionic, passive-dependent, borderline, passive-aggressive, avoidant, schizoid, and paranoid personalities. The three most common types which manifest disturbances of behavior are as follows:
    * Passive-dependent--passivity and dependency on others for direction and decisions in daily living.
    * Passive-aggressive--aggressiveness expressed passively by such means as obstructionism, stubbornness, and intentional inefficiency.
    * Anti-Social--seeks immediate gratification and is devoid of a sense of responsibility; fails to modify behavior in spite of punishment and humiliation; and frequently possesses a great deal of personal charm and persuasive ability. The essential defect in this disorder is the <u>failure</u> to develop an adequate conscience.

Many individuals may exhibit many of these behaviors throughout their lifetime, but are not classified as having a condition until the behaviors become extreme and disabling. With some knowledge of the major mental disorders and the behaviors accompanying them, instructors may be better able to understand the psychologically disabled. However, it is not the instructor's function to remediate these problems but rather to act as an observer for symptoms which vary from the norm and may indicate the need for referral for counseling and/or psychological intervention including drug therapy.

Educational Implications: Instructors who have students with an emotional disorder would benefit from an understanding of the following:

GENERAL

* A knowledge that high, but realistic, expectations should be maintained to encourage full realization of social and vocational potential.
* An awareness that a student with an emotional disorder may frequently be treated with therapeutic medications that affect performance and speed.
* An understanding that student behaviors which vary from the norm may be an indication that the student is experiencing a recurrence of symptoms and is in need of intervention.

* A realization that students can assume full responsibility for their thoughts, feelings and actions but are helped when an instructor displays empathy.

ACCOMMODATIONS

General Techniques:

* Encourage students at the beginning of each term to discuss with you any modifications that will facilitate their learning, any medications they are taking and side effects they may have, and any symptoms of stress to be noticed.
* Allow additional time for exams, when levels of medication interfere with speed.
* Be aware of changes in behavior that could be symptomatic of recurrence of problems and refer the student for follow-up.
* Encourage students to use relaxation and other stress reducing techniques especially during exams.

SECTION III

Handicapped Persons' Rights Under Federal Law —
Public Law 93-112

SECTION III

Handicapped Persons' Rights under Federal Law - Public Law 93-112

In September 1973 the 93rd Congress passed Public Law 93-112, the Rehabilitation Act of 1973. Section 504 of the act states, "No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal financial assistance." Regulations implementing Section 504 became effective in July 1977. This nondiscrimination statute and the regulations issued under it, especially Subpart E, guarantees a right of entrance for students with disabilities into our nation's colleges and universities, as well as their participation in the program as a whole.

* Handicapped students must be afforded an equal opportunity to participate in and benefit from all post-secondary education programs and activities, including education programs and activities not operated wholly by the recipient.
* Handicapped students must be afforded the opportunity to participate in any course, course of study, or other part of the education program or activity offered by the recipient.
* All programs and activities must be offered in the most integrated setting appropriate.

* Academic requirements must be modified, on a case-by-case basis, to afford qualified handicapped students and applicants an equal educational opportunity. For example, modifications may include changes in the length of time permitted for completion of degree requirements. However, academic requirements that the recipient can demonstrate are essential will not be regarded as discriminatory.

* A recipient may not impose upon handicapped students rules that have the effect of limiting their participation in the recipient's education program or activity; for example, prohibiting tape recorders in classrooms or guide dogs in campus buildings.

* Students with impaired sensory, manual or speaking skills must be provided auxiliary aids, such as taped texts, interpreters, readers, and classroom equipment adapted for persons with manual impairments. Recipients can usually meet this obligation by assisting students to obtain auxiliary aids through existing resources such as state vocational rehabilitation agencies.

* Handicapped students must be provided counseling and placement services in a nondiscriminatory manner. Specifically, qualified handicapped students must not be counseled toward more restrictive career objectives than are nonhandicapped students with similar abilities.

SECTION IV

Suggestions for Helping All Students to Succeed in the Classroom

SECTION IV

Suggestions for Helping <u>All Students</u> to Succeed in the Classroom

* Provide students with a detailed course syllabus.
* Clearly spell out expectations before course begins, e.g., grading, material to be covered, due dates.
* Start each lecture with an outline of material to be covered that period. At the conclusion of class, briefly summarize key points.
* Speak directly to students, and use gestures and natural expressions to convey further meaning.
* Present new or technical vocabulary on the board, overhead, or student handout. Terms should be used in context to convey greater meaning.
* Give assignments in oral and written form to avoid confusion.
* Provide study questions for exams that demonstrate the format, as well as the content, of the test. Explain what constitutes a good answer and why.
* Provide adequate opportunities for questions and answers, including review sessions.

* If possible, select a textbook with an accompanying study guide for optional student use.
* Encourage students to use campus support services to enhance their ability to succeed.
* Focus on students' strengths in the classroom and experiment with delivery methods to meet a variety of learning styles (visual, auditory, or kinesthetic).
* Be honest, fair, flexible, understanding, and creative when teaching and assessing students.

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